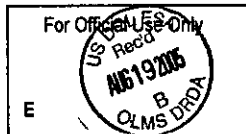


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

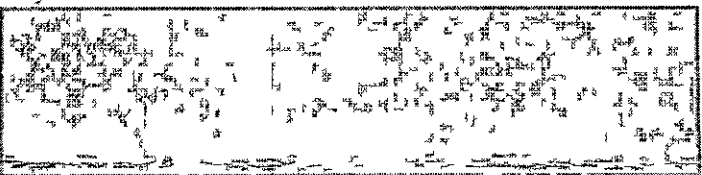
This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



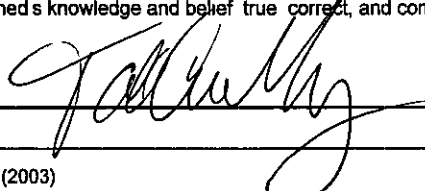
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9965</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>TODD S CROSBY</u> P O Box Bldg Room No if any Street <u>3910 S EDMUNDS ST</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98118-1716</u>	4 Name file number and address of labor organization Name <u>UFCW Local 1001</u> Labor Organization File Number <u>066-644</u> P O Box Building and Room Number if any Street <u>12838 SE 40th Place</u> City <u>Bellevue</u> State <u>WA</u> ZIP Code + 4 <u>98006-1283</u>
5 Position in labor organization <u>MEMBERSHIP ACTION COORDINATOR</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On <u>8/9/05</u> Date	<u>425-641-7581</u> Telephone Number

Name of Person Filing <u>Todd S Crosby</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Smith, McKenzie, Botwell & Barlow, PS</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>500 UNION STREET, Ste 700</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98101-2396</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Retail Drug Employees Welfare Trust</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u>PO BOX 34203</u> Street <u></u> City <u>SEATTLE</u> State <u>WA</u> ZIP Code + 4 <u>98124-1203</u>	11 a Nature of such dealing <u>Trust legal counsel</u> 11 b Approximate dollar value of such dealing <u>\$ 19,598 32</u> 12 a Nature of interest held or income received <u>BASKETBALL GAME TICKETS</u> 12 b Amount <u>\$ 100 00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	14 a Nature of payment <u></u>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <u></u>

Name of Person Filing <u>Todd S Crosby</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Retail Drug Employees Welfare Trust</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u>PO BOX 34203</u></p> <p>Street <u></u></p> <p>City <u>SEATTLE</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>98124-1203</u></p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <p><u>The Trust is a Taft-Hartley Employee Benefit Fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the settlers of the fund and makes contributions to the fund on behalf of its own employees.</u></p> <p>11 b Approximate dollar value of such dealing <u>\$194,608.38</u></p> <p>12 a Nature of interest held or income received</p> <p><u>Registration and hotel deposit for International Benefit Annual conference and training to be held in 2005</u></p> <p>12 b Amount <u>\$1310.00</u></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14 b Amount of payment.</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>